

U.S. PROBATION OFFICE
MONTHLY SUPERVISION REPORT FOR THE MONTH _____, 20 _____

Name:	DOB:	Court Name (if different):	Probation Officer:
PART A: RESIDENCE (If new address, attach copy of lease/purchase agreement.)			
Street Address, Apt. Number:	Own or Rent?	Home Phone:	Cellular Phone: Pager:
City, State, Zip Code:		Persons Living With You:	
Secondary Residence:	Own or Rent?	Did you move during the month? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address (if different):	E-Mail Address:	If yes, date moved: _____ Reason for Moving:	
PART B: EMPLOYMENT (If unemployed, list source of support under Part D.)			
Name, Address, Phone No. of Employer:		Name of Immediate Supervisor:	Is your employer aware of your criminal status? <input type="checkbox"/> Yes <input type="checkbox"/> No
_____		How many days of work did you miss? _____ Why?	
_____		Position Held:	Gross Wages: Normal Work Hours:

Did you change jobs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If changed jobs or terminated, state when and why.	
Were you terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No			
PART C: VEHICLES (List all vehicles owned or driven by you.)			
1. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
2. Year/Make/Model/Color:	Mileage:	Tag Number:	Owner:
		Vehicle I.D.#:	
PART D: MONTHLY FINANCIAL STATEMENT			
Net Earnings from Employment: <i>(Attach Proof of Earnings)</i> _____	Do you rent or have access to: a post office box? <input type="checkbox"/> Yes <input type="checkbox"/> No a safe deposit box? <input type="checkbox"/> Yes <input type="checkbox"/> No a storage space? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Other Cash Inflows: _____	Name and Address of Location: _____ Box No. or Space _____		
TOTAL MONTHLY CASH INFLOWS: _____	_____		
TOTAL MONTHLY CASH OUTFLOW: _____	_____		
Do you have a checking account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does your spouse, significant other, or dependant have a checking or savings account that you enjoy the benefits of or make occasional contributions toward?		
Bank Name: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Account No.: _____ Balance _____	Bank Name: _____		
Do you have a savings account(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	Account No.: _____ Balance: _____		
Bank Name: _____			
Account No.: _____ Balance _____			
Attach a complete listing of all other financial account information, if you have multiple accounts.			
List all expenditures over \$500 (including, e.g., goods, services, or gambling losses)			
<u>Date</u>	<u>Amount</u>	<u>Method of Payment</u>	<u>Description of Item</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

